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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or underson) (If yes, its war of dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Yes W. W. T. 2 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] PART I. DEATH MAS CAUSE (a) Conditions, if any, which gave risk to statisty the underly which gave risk to statisty the underly lightly lig	13. FA	THER'S NAME				4. MOTHER'S MAIDE	NAME		
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(Licensed Embalmer's Statement on Reverse Side)	144	Usabids	neld Hann	ibal Misso	uri ///	2/57	SIEMI	when By	A Cotyster
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MARION CO. HEALTH DEPT.

DATE FILED NOV 2 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision...

Signature of Student Embalmer

the S. Stare

Licensed Embalmer No. 4540

P. O. Address ... Hannibal Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.